
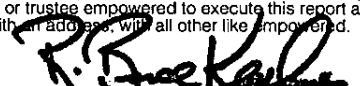


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90010 008 ****61.25

DOCUMENT # N03752 1. Entity Name SOUTHEAST GLASS ASSOCIATION, INC.					
Principal Place of Business PO BOX 950368 LAKE MARY, FL 32746 US				Mailing Address P O BOX 950368 LAKE MARY, FL 32746 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		34036816	
City & State		City & State		02032004 Chg-NP CR2E037 (10/03)	
Zip	Country	Zip	Country	4. FEI Number 59-2430769	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SUMMERS, GARY WILLIAM, SMITH AND SUMMERS, PA 380 W ALFRED ST TAVARES, FL 32778-3206				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARSON, WILLIAM B <input checked="" type="checkbox"/> Delete 781 PICKFAIR TERRACE LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition R. Bruce Kershner 231 West Bay Avenue Longwood, FL 32750-4125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HANSEN, CHRIS 1161 SUN CENTURY RD SUITE 1 NAPLES, FL 34110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jim Jackson 1815 Acme Street Orlando, FL 32805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB <input type="checkbox"/> Delete WATTERS, WOODY 3901 N PALAFOX ST PENSACOLA, FL 32523		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Immediate Past Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HOLOWICKI, DICK 6600 NW 14TH STREET #10 PLANTATION, FL 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MILLER, JEFF 1631 S NOVA RD SOUTH DAYTONA, FL 32119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KUHN, BOB 305 PALMETTO AVE SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4/16/04 407/831-7342		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR R. Bruce Kershner, Executive Director					